

EXHIBIT 7-L
PROPOSED RENT SCHEDULE REQUEST FORM
for **[GRANTEE]-[PROJECT]**

Effective Date of Proposed Schedule:

Name and Phone Number of Schedule Preparer

Utility Allowances:

Do tenants pay for utilities at the project? ☐ Yes ☐ No

If Yes, attach Utility Schedule, with tenant paid utilities identified on schedule

HOME Unit Mix:

Indicate the mix of HOME-assisted units for the project

	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed	6 Bed
Total Number of HOME Units							
Number of Low-HOME Units							

Maximum HOME Rent Limits

Provide the HOME Program rent limits for your project area using the table below

Effective Date of HOME Rent Schedule: _____

HOME Rent Limits							
HOME	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed	6 Bed
Low HOME Rent							
High HOME Rent							

Is this property assisted by Rural Development? ☐ Yes ☐ No

****Skip this section if you do not have Rural Development units in your project ****

Through which RD Program does your project receive assistance:

☐ Section 515 ☐ Section 538
☐ Section 514 ☐ Other (please specify): _____

Attach a copy of the letter you received from RD with their approved rent rates for this property, including the effective date.

Maximum Low Income Housing Tax Credit Rent Limits (if applicable)

**** Skip this section if you do not have LIHTC units in your project ****

Provide the Low Income Housing Tax Credit rent limits for your project area:

Effective Date of LIHTC rent schedule: _____

LIHTC Rent Limits							
LIHTC	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed	6 Bed
30%							
40%							
50%							
60%							

Proposed Rent Structure

Provide the proposed rent structure for your property

Proposed Rent Structure for [PROJECT]							
	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed	6 Bed

This proposed rent schedule for [PROJECT] has been reviewed and approved by:

Grantee Chief Executive Officer or Elected Official	Date
Property Manager/Owner (If Applicable)	Date
HOME Program Officer	Date